# **Translation Fellowships 2024**

# **– Burden of Disease and Genomics**

# **Application Form**

##### Due by: 1:00 pm (AWST) Thursday 13 June 2024

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***
* ***Applicants are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

Activity focus area (please check relevant box):

[ ]  **Burden of disease** [ ]  **Genomics**

## Activity title

|  |
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|  |

## Activity summary

Provide a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the WA health system and the areas of burden of disease or genomics. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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## 3. Fellowship funding request summary

The information provided below must align with the ‘Budget details’ table. All amounts must be excluding GST.

|  |  |
| --- | --- |
| Fellowship FTE requested*Must be at least 0.5 FTE* | FTE  |
| Fellowship funding requested *A minimum of $60,000 per annum must be allocated to Activity costs.**This includes a maximum amount of $50,000 from FHRI Fund and a minimum amount of $10,000 from the Responsible Entity per annum.**Only include here the FHRI funding request**Overhead costs up to a maximum of 10% of the total Fellowship funding request only.* | Fellowship salary $ Activity costs $Overhead costs $ |
| Total Fellowship funding request*Maximum of $200,000 per annum* *(i.e. $600,000 for the 3 year period)* | $ |

## 4. Support package summary

The information provided below must align with the ‘Fellowship support package’ section of this form and the ‘Budget details’ table. All amounts must be excluding GST.

|  |  |
| --- | --- |
| Cash contributions *A minimum of $10,000 per annum (i.e. $30,000 for 3 years) must be contributed for Activity costs.*  | Fellowship salary $ Activity costs $ |
| In-kind contributions  | Fellowship salary $ Activity costs $Overhead costs $ |
| Total Support Package | $  |
| Support package includes at least one linked PhD or Masters by Research Scholarship | [ ]  Yes |

## 5. Activity classification

|  |  |
| --- | --- |
| **Broad Research Area** *(select one)**Refer to National Health and Medical Research Council* [*website*](https://www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords?mc_cid=8d59f951bb&mc_eid=e758823e42) *for description of broad research areas.* | **​** [ ]  Basic scienceresearch**​** [ ]  Clinical medicine and science research**​** [ ]  Health services research**​** [ ]  Public health research |
| Field of Research (FoR) *Australian and New Zealand Standard Research Classification, 2020 downloadable from the Australian Bureau of Statistics* [*website*](https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release)*.* | Primary FoR *(mandatory):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |

Secondary FoR(s) *(optional):*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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 |
| **Burden of Disease** (up to 2) state the disease groups and names that are most applicable or have the highest burden)*Downloadable Australian Institute of Health and Welfare* [*Australian Burden of Disease Study*](https://www.aihw.gov.au/reports/burden-of-disease/abds-methods-supplementary-material-2018/data) *Table 2.1* | *e.g. Blood and metabolic disorders - Cystic fibrosis* |
| **Keywords** (up to 5)*Must be selected from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* | 1.2.3.4.5. |

## 6. Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds**Must be a WA university, WA research institute, WA public health service provider or WA public-private partnership provider.* |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer pre-award | Name:Position:Email: |
| Contact officer post-award | [ ]  Same as pre-award above**or**Name:Position:Email: |

## 7. Activity Lead

Insert an abridged (two-page maximum) Curriculum Vitae (CV) which includes key research achievements over the last 5 years. CVs can be inserted at the end of this application form.

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms) First name SURNAME |  |
| ORCiD *An ORCiD can be generated for free at* [*https://orcid.org/*](https://orcid.org/) |  |
| Citizenship/residency status | [ ]  Australian citizen [ ]  Australia permanent resident[ ]  New Zealand citizen [ ]  appropriate work visa |
| Within which area are you located | [ ]  Perth metropolitan [ ]  Regional and remote |
| Grant arrangement*Refer to ‘Eligibility’ section of the Guidelines and Conditions* | [ ]  (a) employee of the Responsible Entity or [ ]  (b) honorary or adjunct title at the Responsible Entity |
| If response to grant arrangement is (a), indicate further details | Position at Responsible Entity:­­­ |
| If response above is (b) and there will be an arrangement with an Employer, indicate further details | Title at Responsible Entity:[ ]  honorary [ ]  adjunct |
| Intended grant arrangement:[ ]  via affiliation agreement [ ]  subcontract to Employer |
| Employer: |
| Position at Employer: |
| Employer has a physical & operational presence in WA:[ ]  Yes  |
| Affiliated entities, position/title*List all entities that the Fellow is employed by or affiliated with, other than the Responsible Entity or Employer listed above. Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Clinician Profession*Note: this is collected for statistical purposes only.* | [ ]  Allied health and health sciences[ ]  Dentistry[ ]  Medical Practitioner[ ]  Nursing & Midwifery[ ]  Non-clinician |
| Research career stage *An Early-Career researcher has held their PhD or Masters by research for no more than 5 years from the date that their PhD or Masters by research was passed and a Mid-Career researcher no more than 10 years as at the time of application, taking into consideration any career disruptions as defined in the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)*Note: this is collected for statistical purposes only.* | [ ]  Early-Career[ ]  Mid-Career[ ]  Post Mid-Career[ ]  No postgraduate degree |
| Postgraduate research degree*The nominated years since award of degree/years of research experience must align with the justification below.* | [ ]  PhD [ ]  Masters by Research [ ]  NoneYears since award of degree: \_\_\_\_\_\_\_\_If None, years of research experience: \_\_\_\_\_\_\_\_ |
| Primary telephone number |  |
| Primary email address |  |
| Primarily based in WA*Confirm that you will be based in WA for a minimum of 80% during the grant.*  | [ ]  Yes  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| Completed the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum two pages* | [ ]  Yes |

**8. Activity Lead research career stage justification**

Provide a justification for the nominated research career stage taking into consideration any career disruptions (as defined by the [NHMRC Relative to Opportunity Policy](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)).

*[Maximum 250 words]*

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**9. Responsible Entity research career stage endorsement**

[ ]  I, \_\_\_\_\_\_\_\_\_\_, declare that the applicant has selected the appropriate research career stage.

Responsible Entity endorsement comments.

*[Maximum 250 words]*

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## 10. Supporting team

Provide details for each of the supporting team members involved in the Activity. This will include team members associated with the Responsible Entity, and providers of health services related to the chosen burden of disease and/or genomics and any other participating organisations.

To demonstrate the capacity of the team and its suitability to support the Activity, insert an abridged (two-page maximum) CV of each team member, which includes key research achievements over the last 5 years. CVs can be inserted at the end of this application form.

Insert additional team member tables as required.

|  |
| --- |
| **Team member 1** |
| Title, First name, SURNAME |  |
| ORCiD  |  |
| Role in this Activity |  |
| Time commitment to this Activity  |  hours/week |
| Primary telephone number |  |
| Primary email address |  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum two pages* | [ ]  Yes |

## 11. Significance of the Activity (15%)

Applications must address contemporary challenges or needs faced by the WA health system related to burden of disease or genomics.

Describe the following:

1. the issue and its significance to the WA health system (e.g. incidence, prevalence, burden to society, impact on delivery or cost of health service)
2. how the proposed Activity will address the issue described above
3. the expected benefits to the WA health system (e.g. reduce inequities, improved efficiencies and cost savings, economic, social and environmental benefits)

the impact on existing programs that are currently operating in this area.

*[Maximum 500 words]*

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## 12. Activity plan (15%)

Describe the Activity plan including:

1. the hypothesis, questions and objectives. Ensure objectives are specific, measurable, attainable, relevant and time-bound
2. the methodology, including techniques, target group(s), a realistic sample size and measures to be used. Noting translation and implementation is addressed at Section 13.
3. a list of all locations where the Activity will be undertaken, ethics and governance approvals and agreements that will be required before the Activity can proceed (if any research is undertaken at a WA public health system site or involves a WA public health system employee, ethics approval must be sought from a WA Health HREC, as per the Department of Health [Research Governance Framework](https://rgs.health.wa.gov.au/Pages/Research-Governance-Framework.aspx))
4. an achievable timeline.

*[Maximum 2000 words]*

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List the major milestones for the Activity and their duration in months from grant commencement in the following table.

The Activity commences upon execution of a Grant Funding Agreement or Memorandum of Understanding (as appropriate). Include separate milestones as applicable, for example, ethics and governance approvals, employment of staff, data collection, participant recruitment, and data analysis.

*Note: If ethics/governance approval is required for the Activity, this must be achievable within the Activity period.*

| **No** | **Milestone***(chronological - insert additional rows as required)* | **Milestone date***(in months from execution)* |
| --- | --- | --- |
| 0. | Execution of Grant Funding Agreement | 0 months |
| 1. | *e.g. prepare and submit ethics application* | *e.g. 1 month from execution* |
| 2. | *e.g. recruitment of support personnel* | *e.g. 1 months from execution* |
| 3. | *e.g. obtain ethics and governance approvals* | *e.g. 6 months from execution* |
| 4. |  |  |
| 5. |  |  |

|  |  |
| --- | --- |
| Enter the duration of the Activity in months*(Activity must be completed within 36 months).* |  |

## 13. Translation and implementation (20%)

Describe the following:

1. planned steps for the translation and/or implementation of findings and the Activity timeframes for translational impacts
2. how the knowledge, expertise and experience of the team members and collaborating partners will assist with the process of translating findings into policy and/or practice
3. future plans for the Activity. For example, a possible extension of the Activity to a broader geographical area, population or to other disciplines.

*[Maximum 1000 words]*

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## 14. Partnership with provider(s) of burden of disease or genomics health care (15%)

Describe the partnership with each provider including:

* the name and a brief description of each provider(s) of burden of disease or genomics healthcare services
* the capacity for the provider(s) of burden of disease or genomics services to achieve translational outcomes
* the plan for integrating the work and outputs of the Fellow into their policy and/or practice
* how this partnership/s will result in benefits to WA health system.
* If the partner is the same as the Responsible Entity, justify why the Responsible Entity is deemed to be a suitable translational partner.

Refer to the ‘Program conditions’ section of the Guidelines and Conditions.

*[Maximum 1000 words]*

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## 15. Fellowship support package (15%)

Describe the proposed Fellowship support package including:

* cash and in-kind contributions (separately address the Fellowship salary and Activity support costs)
* relevance and strength of qualifications and availability of the team undertaking the Activity
* collective gain of the team to the Activity
* access to required resources, including expertise and linked higher degrees by research (i.e. PhD or Masters) support.

The information provided below must align with the ‘Budget details’ table. Refer to ‘Program conditions’ section of the Guidelines and Conditions.

*[Maximum 500 words]*

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## 16. Activity Lead track record and potential (10%)

Describe the following:

1. the Activity Lead’s track record in burden of disease and/or genomics research and/or health care
2. the Activity Lead’s contribution to translational research
3. the Activity Lead’s track record of influencing policy and/or practice
4. the Activity Lead’s career plan, including key milestones for achieving a sustainable research career and broader translational research interests
5. the Activity Lead’s capacity and plan for meeting the deliverables (as outlined in the ‘Program Description’ section of the Guidelines and Conditions).

With regards to b) and c), consideration must be given to the [NHMRC Relative to Opportunity Policy.](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)

*[Maximum 500 words]*

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## 17. Consumer involvement (10%)

Describe the following:

1. how consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) have been involved in the development of the proposed Activity
2. the plan for ongoing engagement in the Activity, including their roles and how their lived experience perspectives will inform the Activity through formal and informal processes.

Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions. Note it is encouraged that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) and that the Activity Lead also completes the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course before completion of this section.

As an example for clarity, if the Activity relates to the development of a device to be used by a clinician on a patient, the clinician is not a consumer for the purposes of this application, but rather the patient or their carer are consumers.

*[Maximum 500 words]*

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Please provide details of each consumer representative involved in the development of this proposal and/or proposed to be involved in the Activity. Note that named consumers must be aware of and agree to the statements above and must provide certification if proposed to be involved in the Activity.

Insert tables as required.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this Activity (if applicable) |  |

## 18. Budget details

Provide budget details for the Fellowship in the table below. There must be a maximum of $150,000 for Fellowship Funding per year. The Additional Cash Contribution must be ‘new’ cash for the purposes of conducting the Fellowship and at least $10,000 per year (refer to Section 6 in the Guidelines and Conditions).

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

List requested budget items in the table below, noting the following:

1. Salary costs

* 1. *A maximum of $150,000 per annum for Full Time Equivalent (FTE) salary, including on-costs, may be requested for each individual, with this limit adjusted to a pro rata amount for fractional FTE*
	2. *May include Award/Agreement increases and salary increments as appropriate*
	3. *Salary on-costs may be requested to up to 30%, noting that salaries paid by a WA public health system entity can only include Superannuation as a salary on-cost*
	4. *Salary costs and/or on-costs for long service leave, parental leave, sabbatical, severance and termination payments cannot be included.*
1. Non-salary costs:
	1. *Must only include essential services, supplies, equipment, consumer involvement and other expenses directly related to the Activity*
	2. *Travel will not be approved unless strongly justified as being essential to the undertaking of the Activity and must not include costs related to conference attendance*
	3. *Equipment items must not exceed a total value of 10% of the budget request or $15,000, whichever is the lesser amount, and quotes for items must be attached to the application.*
2. Overhead charges:
	1. *Overhead charges (also referred to as indirect/infrastructure costs, e.g. utilities) may be requested up to a maximum 10% of the total budget, unless the Responsible Entity is a WA public health system entity, in which case overhead charges cannot be included in accordance with the Financial Management Manual s522 (grant funding administered by the Office of Medical Research and Innovation is exempt).*

| **BUDGET ITEM** | **FELLOWSHIP FUNDING REQUEST****($ EX GST)** | **SUPPORT PACKAGE****($ EX GST)** |
| --- | --- | --- |
| **Fellowship salary costs** (for nominated FTE) | **Year 1** | **Year 2** | **Year 3** | **TOTAL** | **ADDITIONAL****IN-KIND SUPPORT** | **ADDITIONAL CASH CONTRIBUTION** | **TOTAL** |
| **Salary costs***Include Award/ Agreement increases and salary increments* |  |  |  |  |  |  |  |
| **Salary on-costs***provide details (maximum 30%)* |  |  |  |  |  |  |  |
| 1. **Fellowship salary total**
 |  |  |  |  |  |  |  |
| **Activity costs** (minimum total cash value of $90,000 per annum) | **Year 1** | **Year 2** | **Year 3** | **TOTAL** | **ADDITIONAL** **IN-KIND SUPPORT** | **ADDITIONAL CASH CONTRIBUTION** | **TOTAL** |
| **Personnel Salary costs***specify for each position and add additional rows if necessary***Position 1*** *title*
* *new/ existing*
* *% FTE*
* *base salary*
 |  |  |  |  |  |  |  |
| **Position 1 oncosts***provide details (maximum 30%)* |  |  |  |  |  |  |  |
| Position 2* *title*
* *new/ existing*
* *%FTE*
* *Base salary*
 |  |  |  |  |  |  |  |
| **Position 2 oncosts***provide details (maximum 30%)* |  |  |  |  |  |  |  |
| 1. **Personnel Total**
 |  |  |  |  |  |  |  |
| **Supplies***provide details of items required* |  |  |  |  |  |  |  |
| **Consumer Involvement***e.g. honoraria payments etc.* |  |  |  |  |  |  |  |
| **Minor essential equipment***maximum of $15,000 in total (quotations must be attached)* |  |  |  |  |  |  |  |
| **Information Technology***provide details of non-standard items required* |  |  |  |  |  |  |  |
| **Travel***provide travel purpose, dates and location* |  |  |  |  |  |  |  |
| **Other***specify each item* |  |  |  |  |  |  |  |
| **C. Other costs total** |  |  |  |  |  |  |  |
| **SUBTOTAL** **A + B + C** |  |  |  |  |  |  |  |
| **Overheads***Maximum of 10% of subtotal* |  |  |  |  |  |  |  |
| **TOTAL (including overheads)** |  |  |  |  |  |  |  |

## 19. Fellowship funding request justification

Provide a justification for the Fellowship funding request budget items provided in the ‘Budget details’ table. It is intended that funds will be spent in WA only. An exception to this may be considered in the case where specific expertise or equipment is required and is not available in WA. When this situation occurs, adequate justification must be provided.

*[Maximum 250 words]*

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## 20. Other funding sources for this Activity

Please select one of the two options below:

[ ]  I have no other current source of funding for any component of this Activity, and no funding applications planned or in progress for any component of this Activity; or

[ ]  I have funding applications planned or in progress which overlap with the entirety of this Activity or a component of this Activity (details below).

*For multiple funding applications, please provide each in a separate table*.

|  |  |
| --- | --- |
| Funding Organisation |  |
| Funding Scheme/Round |  |
| Amount of funding requested(ex GST and $AUD) |  |
| Describe the overlap with this Activity |  |
| Expected date of Award or Decision |  |

List any other funding source(s) and the amount(s) requested. Include applications already submitted and planned submissions. These must complement, but not duplicate, the work for which the funding is requested. The Activity must not be dependent on the receipt of these other funding sources.

*[Maximum 250 words]*

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## 21. Bibliographic references

If applicable, provide bibliographic references to any publications or reports cited in the application. Please only include publications strictly pertinent to the application.

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## 22. Assessors not to be approached

Provide the name(s) of any assessor(s) you request not to be approached to assess this application (if applicable) to DOH.OMRI@health.wa.gov.au. This information will only be available to the Office of Medical Research and Innovation, and must be provided by the application closing date.

## 23. Team certification

We certify that:

1. we commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. the information supplied by us on this form is complete, true and correct in every particular
3. we agree to abide by the *Guidelines and Conditions*
4. we agree to participate in an evaluation whether the application is successful or unsuccessful
5. we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
6. we have relevant permissions to use any third-party intellectual property required to deliver the innovation Activity and have Freedom to Operate for this Activity
7. we agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity
8. we understand and agree that if the application is successful, that no further claim will be made on the Department of Health to cover any expenditure beyond the approved budget
9. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
10. we will advise if funding is awarded for any component of the Activity.

### Activity Lead

|  |  |
| --- | --- |
| **Full Name**  |  |
| **Signature** |  | **Date** |  |

Other Team Members associated with the Responsible Entity and any other participating organisations.

Insert additional tables as required.

### Team Member 1

|  |  |
| --- | --- |
| **Full Name** |  |
| **Signature** |  | **Date** |  |

## 24. Consumer representative certification

I certify that:

1. I commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. I agree to abide by the *Guidelines and Conditions*
3. I agree to be contacted in relation to the grant, e.g. for evaluation of the grant funding program.

Insert additional tables as required.

### Consumer Representative 1

|  |  |
| --- | --- |
| **Full Name** |  |
| **Signature** |  | **Date** |  |

## 25. Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. all the eligibility criteria listed in the *Guidelines and Conditions* are met
3. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
4. if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided for the Office of Medical Research and Innovation
5. the support package offered is sufficient to support additional costs that are not included in the Fellowship funding request
6. I confirm that the support package cash contribution is ‘new’ cash for the purposes of conducting the Fellowship
7. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular
8. the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
9. the grant will not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity has other external sources of income
10. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

|  |  |
| --- | --- |
| **Full name** |  |
| **Position** |  |
| **Signature** |  | **Date** |  |

## 26. Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised finance representative of the Responsible Entity
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts requested are in Australian dollars and are exclusive of Australian GST
4. I understand that funding will only be made available for the scope of work described in the application, or any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position** |  |
| **Signature** |  | **Date** |  |

## 27. Healthcare partner (burden of disease or genomics) representative certification

I certify that:

1. I am an authorised representative of the healthcare partner
2. the healthcare provider (burden of disease or genomics) endorses this application and will contribute to the activities of the Fellowship in accordance with the *Guidelines and Conditions*
3. the information presented in the ‘Partnerships with provider/s of burden of disease or genomics health services’ section of this application form is true and correct, with regards to the service I represent
4. the provider of burden of disease or genomics services is committed to working with the Fellow in supporting the translation of the research project outputs (subject to these outputs being found to be useful).

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Name of the provider of burden of disease or genomics services**  |  |
| **Department** |  |
| **Position title** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Signature** |  | **Date** |  |

Insert additional table/s if more than one provider of burden of disease or genomics services is involved in this application.

****

**This document can be made available in alternative formats
on request for a person with a disability.**

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